

Pharmacy and Therapeutics Committee

Date of Meeting: Wednesday, August 22, 2007
Preferred Drug List Final

Date Posted: 9/5/07

AHFS Drug Class Review: ANTI-INFECTIVE ANTIFUNGAL AGENTS

Subclass Reviewed

- Antifungal Allylamines
- Antifungal Azoles
- Antifungal Echinocandins
- Antifungal Polyenes
- Antifungal Pyrimidines
- Antifungal, Miscellaneous

AHFS Drug Class Review: ANTI-INFECTIVE ANTIMYCOBACTERIAL AGENTS

Subclasses Reviewed

- Antituberculosis Agents - Single Entity Agents
- Antituberculosis Agents - Combination Products
- Antimycobacterials, Miscellaneous

AHFS Drug Class Review: ANTI-INFECTIVE ANTIVIRAL AGENTS

Subclasses Reviewed

- Antiviral Adamantanes
- Antiviral Interferons
- Antiviral Neuraminidase Inhibitors
- Antiviral Nucleosides and Nucleotides
- Antiviral, Miscellaneous

AHFS Drug Class Review: ANTI-INFECTIVE ANTIPROTOZOAL AGENTS

Subclasses Reviewed

- Antiprotozoal Amebicides
- Antiprotozoal Antimalarials - Single Entity Agents
- Antiprotozoal Antimalarials - Combination Products
- Antiprotozoal, Miscellaneous

AHFS Drug Class Review: ANTI-INFECTIVE URINARY ANTI-INFECTIVE AGENTS

Subclasses Reviewed

- Urinary Anti-infectives - Single Entity Agents
- Urinary Anti-infectives - Combination Products

Allylamines

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Allylamines	All covered products	NONE	LAMISIL*

* Denotes generic
available in at least one
dosage form or strength

Drug name denotes all
dosage forms and
strengths unless noted

Azoles

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Azoles	All covered products	NONE	DIFLUCAN* NIZORAL* NOXAFIL SPORANOX* VFEND

* Denotes generic
available in at least
one dosage form or
strength

Drug name denotes
all dosage forms and
strengths unless
noted

Echinocandins

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Echinocandins	All covered products	NONE	CANCIDAS ERAXIS MYCAMINE

* Denotes generic
available in at least one
dosage form or strength

Drug name denotes all
dosage forms and
strengths unless noted

Polyenes

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Polyenes	All covered products	MYCOSTATIN*	ABELCET AMBISOME AMPHOTEC FUNGIZONE*

* Denotes generic
available in at least one
dosage form or strength

Drug name denotes all
dosage forms and
strengths unless noted

Pyrimidines

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Pyrimidines	All covered products	NONE	ANCOBON

* Denotes generic
available in at least
one dosage form or
strength

Drug name denotes
all
dosage forms and
strengths unless
noted

Miscellaneous Antifungals

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Miscellaneous Antifungals	All covered products	GRIS-PEG	GRIFULVIN V*

* Denotes generic
available in at least one
dosage form or strength

Drug name denotes all
dosage forms and
strengths unless noted

Antituberculosis Agents Single Entity Agents

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Antituberculosis Agents Single Entity Agents	All covered products	NONE	CAPASTAT SULFATE MYAMBUTOL* MYCOBUTIN PASER PRIFTIN RIFADIN* SEROMYCIN TRECATOR

* Denotes generic
available in at least one
dosage form or strength

Drug name denotes all
dosage forms and
strengths unless noted

Antituberculosis Agents Combination Products

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Antituberculosis Agents Combination Products	All covered products	NONE	RIFAMATE* RIFATER

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available in at least one
dosage form or strength

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dosage forms and
strengths unless noted

Miscellaneous Antimycobacterials

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Miscellaneous Antimycobacterials	All covered products	NONE	NONE

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available in at least one
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dosage forms and
strengths unless noted

Adamantanes

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Adamantanes	All covered products	SYMMETREL*	FLUMADINE*

* Denotes generic
available in at least
one dosage form or
strength

Drug name denotes
all dosage forms and
strengths unless
noted

Interferons

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Interferons	All covered products	INFERGEN PEGASYS	ALFERON N INTRON A PEG-INTRON ROFERON-A

* Denotes generic
available in at least one
dosage form or strength

Drug name denotes all
dosage forms and
strengths unless noted

Neuraminidase Inhibitors

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Neuraminidase Inhibitors	All covered products	RELENZA** TAMIFLU**	NONE

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dosage form or strength

** Preferred agents during
defined flu season only

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dosage forms and
strengths unless noted

Nucleosides and Nucleotides

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Nucleosides and Nucleotides	All covered products	VALTREX	BARACLUDE COPEGUS* CYTOVENE FAMVIR HEPSERA REBETOL* TYZEKA VALCYTE VIRAZOLE VISTIDE ZOVIRAX*

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available in at least
one dosage form or
strength

Drug name denotes
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strengths unless
noted

Miscellaneous Antivirals

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Miscellaneous Antivirals	All covered products	NONE	FOSCAVIR*

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available in at least
one dosage form or
strength

Drug name denotes
all dosage forms and
strengths unless
noted

Amebicides

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Amebicides	All covered products	NONE	HUMATIN*

* Denotes generic
available in at least
one dosage form or
strength

Drug name denotes
all dosage forms and
strengths unless
noted

Antimalarials Single Entity Agents

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Antimalarials Single Entity Agents	All covered products	DARAPRIM	ARALEN PHOSPHATE* LARIAM* PLAQUENIL* QUALAQUIN

* Denotes generic
available in at least
one dosage form or
strength

Drug name denotes
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strengths unless
noted

Antimalarials Combination Agents

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Antimalarials Combination Products	All covered products	NONE	FANSIDAR MALARONE

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available in at least
one dosage form or
strength

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dosage forms and
strengths unless noted

Miscellaneous Antiprotozoals

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Miscellaneous Antiprotozoals	All covered products	NONE	ALINIA FLAGYL* FLAGYL 375* FLAGYL ER MEPRON NEBUPENT PENTAM 300* NEUTREXIN TINDAMAX

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available in at least
one
dosage form or
strength

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noted

Urinary Anti-infectives Single Entity Products

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Urinary Anti-infectives Single Entity Products	All covered products	NONE	FURADANTIN HIPREX* MACROBID* MACRODANTIN* MANDELAMINE HAFGRAMS* MANDELAMINE* MONUROL PRIMSOL UREX*

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dosage form or
strength

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strengths unless noted

Urinary Anti-infectives Combination Products

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Urinary Anti- infectives	All covered products	NONE	PROSED/DS URELLE
Combination Products			URIN D.S.* URISED* URISYM UROQID-ACID NO.2* UTA UTIRA UTIRA C*

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